b: CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR HOME Of the Friendless 4431 S 3. NAME OF DECEASED (Type or Print) Namie Le Ross 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, 8. DATE OF BIRTH D. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis 2. LENGTH OF OR NOTE RURAL and give township) OR STAY (in this place) A. STREET BROSCHURY 4. DATE (Month) (Day) (Year) OF DEATH NOVEMber 7 1950 5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, 8. DATE OF BIRTH 9. AGE (In years) If URDER 1 YEAR 9 URDER 1 YEAR 9 URDER 1 WEAR 14 URDER 1 YEAR 9 URDER 1 WEAR 14 URDER 1 YEAR 9 URDER 1 WEAR 14 URDER 1 YEAR 9 URDER 1 YEAR	100	BUTH NOV	1 M 10PA		I OF HEALTH				•	ΣΩΩ ^μ	YQ"
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B. COURTY D. CIV III counted corporate limite, write RURAL and give available of the County is substituted and give available of the County is substituted and give available of the Friendless 4.31 S. Trong County 4.31 S. Broadway O. STATU (a. Missing opening the limits, write RURAL and give is remainly) J. RAME OF D. (First) J. NAME OF D. (First) J. NAME OF D. (Right) J. NAME OF D. (Middle) J. S. SEX J. OLOR OR RACE J. MARRIED INVER MARRIED. NOTION OF BUSINESS OR IN INVERTIGATION (Disvalor) J. S. SEX J. OLOR OR RACE J. MARRIED INVER MARRIED. J. MARRIED OF BUSINESS OR IN INVERTIGATION (Disvalor) J. S. SEX J. OLOR OR RACE J. MARRIED OF BUSINESS OR IN INVERTIGATION (Disvalor) J. S. SEX J. OLOR OR RACE J. MARRIED OF BUSINESS OR IN INVERTIGATION (Disvalor) J. S. SEX J. OLOR OR RACE J. MARRIED OF BUSINESS OR IN INVERTIGATION (Disvalor) J. S. SEX J. OLOR OR RACE J. MARRIED OF BUSINESS OR IN INVERTIGATION (Disvalor) J. S. SEX J. OLOR OR RACE J. MARRIED OF BUSINESS OR IN INVERTIGATION (Disvalor) J. S. SEX J. OLOR OR RACE J. MARRIED OF BUSINESS OR IN INVERTIGATION J. S. SEX J. OLOR OR RACE J. MARRIED OF BUSINESS OR IN INVERTIGATION J. S. SEX J. OLOR OR RACE J. MARRIED OF BUSINESS OR IN INVERTIGATION J. S. SEX J. OLOR OR RACE J. MARRIED OF BUSINESS OR IN INVERTIGATION J. S. SEX J. OLOR OR RACE J. MARRIED OF BUSINESS OR IN INVERTIGATION J. MARRIED OF BUSINESS OR IN IN		BIRTH NO		REG. DIST. NO	PRIMA	RY REG. DIST.	. NO	Regist	rar's No	****	
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Name of the Friendless 44.31 S Broadway 1.0	,	I NR		URAL and give c. Li STAY	NGTH OF (in this place)	OR					_
Common C		d. FULL NAME OF (If not in hospital or institution, give street address or location)			or location) d.	d. STREET (It turni stre location) Broadway 4431 5. Broadway					
Common C	1	3. NAME OF	a. (First)	b. (Midd	le)	c. (Last)	. [.		Month) (I	Day) (Y	(mar)
Female White Wildly Willed Devel Dev			Nannie	\mathbf{L}_ullet	Ro	98	Į	OF N		7 1	950
DUSTRY ROUNKS, MISSOUT1 COUNTS				7. MARRIED, NEVER N WIDDWED DIVORCE VIQUED	ARRIED, 8. D/ D (Spediy) Mar		1868	9. AGE (In years last birthday) 82.	Months Day		
Perry Biggs Ange Stuck G.W.Ross 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY) TO NO. Mrs. M. Jones 44.31 S. Broadway St. Louis, Mrs. Mrs. M. Jones 44.31 S. Broadway St. Louis, Mrs. Mrs. M. Jones 44.31 S. Broadway St. Louis, Mrs. M. Jones 44.31 S. Broadway St. Louis, Mrs. Mrs. M. Jones 44.31 S. Broadway St. Louis, Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs.		10a. USUAL OCCUPATION OF HOUSEWITE	ON (Give kind of work ing life, even if retired)	10b. KIND OF BUSINE				mtry)	. 12. C	CITIZEN O	F WHAT
County C						•			OR WIFE		
Enter any one course per line for (a), (b), and (c) This does not mean the state and the ander full the underlying course tast. Morbid conditions, if any, giving OUE TO (b) The underlying course tast. Morbid conditions, if any, giving OUE TO (b) The underlying course tast. Date To (c) The underlying course tast. II. OTHER SIGNIFICANT CONDITIONS 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT (Specify) SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about National Conditions, tarm, fastory, street, office bidg., sea.) ANTECEDENT (Court) To (b) The underlying course tast. Date To (c) The underlying course		15. WAS DECEASED EVE (Yee, no, or unknown) (II	R IN U.S. ARMED F	ORCES? 16. SOCIAL (fearvice) none							
The mode of string, such as heart failure, exthenia, it to the above cause (a) stating the underlying cause last. If mode of string, such as he discusse, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS III. OTHER SIGNIFICANT CONDITIONS Ornditions contributing to the death but not related to the disease or condition causing death. ISa. DATE OF OPERA. TION ISb. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE LOW Treet Coop String and the decade of the death of the decade of the de		Enter only one cause per	I. DISEASE OR CO	NDITION NG TO DEATH*(a)	erebra	FICATION her	uns	hage			
Case, injury, or compiled- tion which caused death. III. OTHER SIGNIFICANT CONDITIONS					Luten	o sali	خندوه	That.	tun	2	ns
tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ISA. DATE OF OPERA. ISA. ACCIDENT SUICIDE HOMICIDE LOBERT (Breedly)		as heart failure, asthenia,	rise to the above ca the underlying caus	use (a) stating	7/	///		11.	:		
19a. DATE OF OPERA- TION 20. AUTOPSY? TION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg, esc.) HOMICIDE HOMICIDE 21d. TIME (Mooth) (Day) (Tear) (Boar) INJURY 21e. INJURY OCCURRED WHITE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 12 2 3 1, 19 1, to 17 5 2, 19 1, that I last saw the decease alive on 19 2, and that death occurred at 10 1 5 mm from the causes and on the date stated above. 22a. BURIAL CREMA- TION REMOVAL Greaty (Double) DATE (REMOVAL Greaty) UTCHERTORS (State) DATE (REMOVAL Greaty) DATE (REMOVAL GREAT) DATE (REMOVAL GREAT) DATE (REMOVAL GREAT) DATE (REMOVAL GREAT) DATE (REMOVAL GRE					a.	maphagia.					
21d. TIME (Mooth) (Day) (Foor) (Bool) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 32 37, 18 1, 18 1, 10 7 7 5 0, 19 1, that I last saw the deceased alive on 23, 18 2, and that death occurred at 10 15 9 9 9 9 9 9 9 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10		19a, DATE OF OPERA- 19b, MAJOR FINDINGS OF OPERATION				7 ;	i		1		
INJURY 22. I hereby certify that I attended the deceased from \$\frac{12}{2} \frac{3}{2} \frac{1}{2} \	21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE Dome, farm, factory, street, office bldg., etc.) (CITY, TOWN, OR TOWNSHIP) (COUNTY)						JNTY)	, (STATE	. e		
alive on			(Day) (Tay) (Zie. INJURY O	CCURRED 211. F	HOW DID INJURY	Y OCCURT		130	سنتنا	TX
236. SIGNATURE: (Degree of Hille) 236. ADDRESS 236. DATE SIGNET 248. BURIAL. CREMA: 246. DATE 246. NAME OF CEMETERY OR CREMATORY 246. LOCATION (City, town, or county) (State) TION. REMOVAL (Breedly) Nov. 9, 1950 Missouri Crematory 3211 Sublett ave. DATE: REC'D BY COCAL REGISTRAR'S SIGNATURE 25 C. HO! I me is ter Colonial Mortuary 36464. Chinneyra St.			that I attended th	e deceased from 2 2, and that death oc	3-2/39 1 curred at YO.	9, to // 5_2n. mrom t					ceased
Tion REMOVAL Grands Nov.9,1950 Missouri Crematory 3211 Sublett ave. DATE: REC'D BY SOAL REGISTRAR'S SIGNATURE CUMERAL DIFFETOR COLONIAL MORTURE COLONIAL MORTU			Elm				Jasz	mo			GNED SO
DATE RECTOR BY SOCAL REGISTRAR'S SIGNATURE C. HO! I me ister Colonial Mortuary 6464 Chinneyra St.		24a. BURIAL, CREMA TION, REMOVAL (Breedly Cremation		4						(8)	ate)
(Licensed Embalmer's Statement on Reverse Side)			- :			Hoilmeis			rtuary	28	:
	U	<u> </u>	4	(Licensed F	mbelmer's Statemen	b/b/ Ch	nneva	21.			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded	d on the reverse	side of this	certificate was	embalmed by	me, or	by

working under my personal supervision.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.